

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

|   |  |   |   |   |   |  |                                  |
|---|--|---|---|---|---|--|----------------------------------|
| LOCAL REPORT NO.  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3 | Lebanon Police  | 0830300                                       | ODHS USE ONLY - DO NOT MARK ABOVE   |   |  |                                  |
| REPORT TAKEN <input checked="" type="checkbox"/> AT STATION<br><input checked="" type="checkbox"/> AT SCENE   | NO OF VEH PEDESTRIANS INVOLVED 2                               | CRASH SEVERITY (CHECK MOST SEVERE)<br><input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY |   | COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150<br><input type="checkbox"/> UNDER \$150                                   | HIT SKIP <input type="checkbox"/> SOLVED<br><input type="checkbox"/> UNSOLVED   | LOCAL FILE NO.   |                                  |
| IN COUNTY OF WARREN   |  | IN <input checked="" type="checkbox"/> CITY   |   | LEBANON   | DATE OF CRASH: 2/32/14  | DAY THUR   | TIME: MILITARY 1945              |
| CRASH OCCURRED ON COLUMBUS AVE  |  |   |   | WITHIN THE INTERSECTION OF  |   |  |                                  |
| IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)  |  |   |   | CITY CODE   |   |  |                                  |
| MILES FEET W N E OF 1425 (KROGER'S)   |  |   |   |   |   |  |                                  |
| LOG-1   | LOG-2  | LOC   | JUR   | FM  | FILT  |  |                                  |
| A   | UNIT NO. 1   | NO OF OCCUPANTS 1   | OPERATING <input checked="" type="checkbox"/> | PARKED <input type="checkbox"/>   | DRIVERLESS <input type="checkbox"/>   | HIT & RUN NON CONTACT <input type="checkbox"/>   | INSURANCE CO OR AGENT STATE FARM |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) NEAL, MARLY T.   |  |   |   | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1111 DEERFIELD RD, APT 611, LEBANON, OH 45036  |   |  |                                  |
| PHONE NO. (818) 205-6448  |  | BIRTH DATE 4/17/77  | AGE 36  | SEX F   | SOCIAL SECURITY NO.   | STATE CA   | DRIVER'S LICENSE NO. D7716024    |
| OWNER (IF SAME AS DRIVER, WRITE SAME) NEAL, JONAS   |  |   |   | ADDRESS S/A   |   | PHONE S/A  |                                  |
| VEH YR 2005   | MAKE CHRYSLER  | MODEL PT CRUISER  | COLOR GRAY                                    | STYLE SW  | STATE OH  | LICENSE PLATE NO. GBF6671  | TOWING SERVICE                   |
| VEH/PED DIR FROM W TO E   |  |   |   |   |   |  |                                  |
| CIRCLE DAMAGE AREAS   |  | 9 TOP<br>10 UNDER CAR<br>11 LOAD<br>12 TRAILER  |   | DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING |   | DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY |                                  |
| VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED |  | FIRE <input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE                         |   |   |   |  |                                  |
| 8   | UNIT NO. 2   | NO OF OCCUPANTS 2   | OPERATING <input checked="" type="checkbox"/> | PARKED <input type="checkbox"/>   | DRIVERLESS <input type="checkbox"/>   | HIT & RUN NON-CONTACT <input type="checkbox"/>   | INSURANCE CO OR AGENT ALFA INS   |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) REYNOLDS-PEAR, CHRISTINA   |  |   |   | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 920 MEADOW LN, LEBANON, OH 45036   |   |  |                                  |
| PHONE NO. (513) 932-6892  |  | BIRTH DATE 12/19/80   | AGE 33  | SEX F   | SOCIAL SECURITY NO.   | STATE OH   | DRIVER'S LICENSE NO. SC755026    |
| OWNER (IF SAME AS DRIVER, WRITE SAME) S/A   |  |   |   | ADDRESS 920 MEADOW LN, LEBANON, OH  |   | PHONE S/A  |                                  |
| VEH YR 2006   | MAKE CHRYSLER  | MODEL TOWN + COUNTRY  | COLOR RED                                     | STYLE SW  | STATE OH  | LICENSE PLATE NO. FSK3471  | TOWING SERVICE                   |
| VEH/PED DIR FROM E TO W   |  |   |   |   |   |  |                                  |
| CIRCLE DAMAGE AREAS   |  | 9 TOP<br>10 UNDER CAR<br>11 LOAD<br>12 TRAILER  |   | DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING |   | DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY |                                  |
| VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED |  | FIRE <input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE                         |   |   |   |  |                                  |
| C   | FROM UNIT NO. 2  | NAME (LAST, FIRST, MI) PEAR, COURTNEY-ELLA  |   | BIRTH DATE 6/30/08  | AGE 5   | POSITION A B C D E F 1 1 4   |                                  |
| ADDRESS same 920 MEADOW LN, LEBANON, OH   |  | PHONE 513-932-6892  |   | SEX F   | INJURIES A B C D E F 5 5 5  |  |                                  |
| D   | FROM UNIT NO.  | NAME (LAST, FIRST, MI)  |   | BIRTH DATE  | AGE   | CONDITION  |                                  |
| ADDRESS   |  | PHONE   |   | SEX   | 1 FATAL<br>2 SERIOUS VISIBLE<br>3 MINOR VISIBLE<br>4 NO VISIBLE INJURY<br>5 NOT INJURED                                   |  |                                  |
| E   | FROM UNIT NO.  | NAME (LAST, FIRST, MI)  |   | BIRTH DATE  | AGE   | CONDITION  |                                  |
| ADDRESS   |  | PHONE   |   | SEX   | 1 APPARENTLY NORMAL<br>2 SICK<br>3 FATIGUED<br>4 APPARENTLY ASLEEP<br>5 PHYSICAL DEFECT<br>6 OTHER CONDITION<br>7 UNKNOWN |  |                                  |
| F   | FROM UNIT NO.  | NAME (LAST, FIRST, MI)  |   | BIRTH DATE  | AGE   | RESTRAINTS   |                                  |
| ADDRESS   |  | PHONE   |   | SEX   | A B C D E F 4 4 6 0   |  |                                  |
| INJURED TAKEN TO  |  | By  |   | ALCOHOL   |   |  |                                  |
| INJURED TAKEN TO  |  | By  |   | A B C D E F 1 1 1 1 1 1   |   |  |                                  |
| OFFENSE CHARGED AND DESCRIPTION   |  |   |   | EJECTION  |   |  |                                  |
| OFFENSE CHARGED AND DESCRIPTION   |  |   |   | A B C D E F 1 1 1 1 1 1   |   |  |                                  |
| RECEIVED CALL 2008  |  |   |   | DISPATCHED 2008   | ARRIVED 2010  | CLEARED 2034   | OTHER TIME 20                    |
| DATE REPORT FILED 2/27/14   |  |   |   | PHOTOS YES  | OFFICER'S NAME BURNS 130  | BADGE NO. 130  | CHECKED BY                       |
| 1 NOT EJECTED<br>2 PARTIAL<br>3 TOTAL<br>4 TRAPPED INSIDE VEHICLE   |  |   |   | 1 NO DRUGS DETECTED<br>2 USING PRESCRIBED DRUG<br>3 USING ILLICIT DRUG  |   |  |                                  |